



October 15, 2021

Web Announcement 2604

Attention Provider Type 33 (Durable Medical Equipment, Prosthetics, Orthotics and Supplies):

Claims for Some Wheelchair Procedure Codes Reprocessed

Claims submitted by provider type 33 (Durable Medical Equipment, Prosthetics, Orthotics and Supplies) for wheelchair procedure codes K0001, K0002, K0003, K0004, K0006, K0007, K0009, K0010, K0011 and K0012 that denied in error with error code 4014 (No pricing segment on file) have been automatically reprocessed. The impacted claims had dates of service on or after April 1, 2021, and processed on or after April 1, 2021, through July 27, 2021. Results of the reprocessed claims appear on remittance advices dated October 22, 2021.

When claims are reprocessed, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.